

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Docket Number	00218/US
	First Named Inventor	LIEBESCHUETZ, J. W
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOUNDS

the specification of which

(Title of the invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

06/12/2001

as United States Application Number or PCT International

Application Number

PCT/GB01/02572

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached ?	
				YES	NO
PCT/GB00/02302 0030306.5	UNITED KINGDOM	6/13/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	UNITED KINGDOM	12/13/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional applications(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

+

Please type a plus sign (+) inside this box → **+**

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION ----- Utility or Design Patent Application

I hereby claim the benefit under 35 USC 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number _____ OR
☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
MARTIN A. HAY	39,459		

☒ Additional registered practitioner(s) named on a supplemental practitioner information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☒ Customer Number, Or Bar Code Label **024330** OR ☒ Correspondence address below

Name	Martin A. Hay & Co.					PATENT TRADEMARK OFFICE	
Address	ATTN: Martin Alexander Hay						
Address	13 Queen Victoria Street						
City	Macclesfield	State	Cheshire	ZIP	SK11 6LP		
Country	UNITED KINGDOM	Telephone	(44) 1625 500057	Fax	(44) 1625 500058		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: _____ ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
JOHN WALTER	LIEBESCHUETZ

Inventor's Signature	<i>J. W. Liebeschuetz</i>	Date	10/10/01				
Residence: City	Bollington	State	Cheshire	Country	United Kingdom	Citizenship	British

Post Office Address: Laburnum Cottage, 42 Bollington Road

Post Office Address							
City	Bollington	State	Cheshire	Zip	SK10 5EJ	Country	United Kingdom

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CHRISTOPHER WILLIAM		MURRAY	
Inventor's Signature	Date		23/10/01
Residence: City	Swavesey	State	Cambridge
Country	United Kingdom		
Citizenship	British		
Post Office Address	82 Moat Way GBX		
Post Office Address			
City	Swavesey	State	Cambridge
Zip	CB4 5TR	Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEPHEN CLINTON		YOUNG	
Inventor's Signature	Date		10/10/01
Residence: City	Heaton Moor	State	Stockport
Country	United Kingdom		
Citizenship	British		
Post Office Address	8 Cranbourne Road GBX		
Post Office Address			
City	Heaton Moor	State	Stockport
Zip	SK4 4LD	Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
NICHOLAS PAUL		CAMP	
Inventor's Signature	Date		11.10.01
Residence: City	Bracknell	State	Berkshire
Country	United Kingdom		
Citizenship	British		
Post Office Address	10 Cooke Rise, Warfield GBX		
Post Office Address			
City	Bracknell	State	Berkshire
Zip	RG42 2QN	Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STUART DONALD		JONES	
Inventor's Signature	Date		10/10/01
Residence: City	Macclesfield	State	Cheshire
Country	United Kingdom		
Citizenship	British		
Post Office Address	17 Oakwood Drive, Prestbury GBX		
Post Office Address			
City	Macclesfield	State	Cheshire
Zip	SK10 4HG	Country	United Kingdom

+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>WILLIAM ALEXANDER</u>		Family Name or Surname <u>WYLIE</u>	
Inventor's Signature <i>William Wylie</i>	Date <u>15/10/07</u>		
Residence: City <u>Carrickfergus</u>	State <u></u>	Country <u>Northern Ireland</u>	Citizenship <u>British</u>
Post Office Address <u>68 Drumhoy Drive, Carrickfergus, County Antrim</u>			
Post Office Address <u></u>			
City <u>Carrickfergus</u>	State <u></u>	Zip <u>BT38 8NL</u>	Country <u>Northern Ireland</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>JOHN JOSEPH</u>		Family Name or Surname <u>MASTERS</u>	
Inventor's Signature <i>John Joseph Masters</i>	Date <u>11/1/07</u>		
Residence: City <u>Fishers</u>	State <u>Indiana</u>	Country <u>United States</u>	Citizenship <u>US Citizen</u>
Post Office Address <u>12047 Flint Stone Court</u>			
Post Office Address <u></u>			
City <u>Fishers</u>	State <u>Indiana</u>	Zip <u>46038</u>	Country <u>United States</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>MICHAEL ROBERT</u>		Family Name or Surname <u>WILEY</u>	
Inventor's Signature <i>Michael Robert Wiley</i>	Date <u>11/7/07</u>		
Residence: City <u>Indianapolis</u>	State <u>Indiana</u>	Country <u>United States</u>	Citizenship <u>US Citizen</u>
Post Office Address <u>7725 Langwood Drive</u>			
Post Office Address <u></u>			
City <u>Indianapolis</u>	State <u>Indiana</u>	Zip <u>46268</u>	Country <u>United States</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>SCOTT MARTIN</u>		Family Name or Surname <u>SHEEHAN</u>	
Inventor's Signature <i>Scott Martin Sheehan</i>	Date <u>11/07/2007</u>		
Residence: City <u>Carmel</u>	State <u>Indiana</u>	Country <u>United States</u>	Citizenship <u>US Citizen</u>
Post Office Address <u>12485 Windbush Way</u>			
Post Office Address <u></u>			
City <u>Carmel</u>	State <u>Indiana</u>	Zip <u>46033</u>	Country <u>United States</u>

+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
DAVID BIRENBAUM		ENGEL			
Inventor's Signature	<i>David Birenbaum Engel</i>			Date	11-9-2009
Residence: City	Bloomington	State	Indiana	Country	United States
Post Office Address	401 Tulip Tree				
Post Office Address					
City	Bloomington	State	Indiana	Zip	47408
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
BRIAN MORGAN		WATSON			
Inventor's Signature	<i>Brian Morgan Watson</i>			Date	11-9-2009
Residence: City	Carmel	State	Indiana	Country	United States
Post Office Address	3816 Brian Place				
Post Office Address					
City	Carmel	State	Indiana	Zip	46033
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Post Office Address					
Post Office Address					
City		State		Zip	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Post Office Address					
Post Office Address					
City		State		Zip	

